

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90178 049 ***150.00

DOCUMENT # L13642

1. Corporation Name

ABDULLA & MAMOOD ENTERPRISES, INC.

Principal Place of Business

SHELL WINGATE
3100 W SUNRISE BLVD
FORT LAUDERDALE FL 33311
US

Mailing Address

SHELL WINGATE
3100 W SUNRISE BLVD
FORT LAUDERDALE FL 33311
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/06/1989

4. FEI Number

65-0180135

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MAMOOD, MOHAMMOD F
3776 SW 17TH ST
FORT LAUDERDALE FL 33312

10. Name and Address of New Registered Agent

81 Name

KAMAL ABDULLA

82 Street Address (P.O. Box Number is Not Acceptable)

3111 S.W. 23 COURT

83

FT LAUDERDALE

84 City

FLORIDA

85

Zip Code

33312

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Kamal Abdulla

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jan 20/99

12. OFFICERS AND DIRECTORS

T ☐ DELETE

NAME
ABDULLA, KAMAL
STREET ADDRESS
4852 NW 9TH DRIVE
CITY-ST-ZIP
PLANTATION FL

V ☐ DELETE

NAME
MAMOOD, MOHAMMED A.
STREET ADDRESS
3776 SW 17TH STREET
CITY-ST-ZIP
FT LAUDERDALE FL

P ☐ DELETE

NAME
MAMOOD, MOHAMMED F.
STREET ADDRESS
3776 SW 17TH ST
CITY-ST-ZIP
FT LAUDERDALE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PRESIDENT
KAMAL ABDULLA
3111 SW 23 COURT
FT LAUDERDALE 33312

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
TREASURER
MAMOOD, MOHAMMED F
3776 SW 17TH ST
FT LAUDERDALE 33312

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kamal Abdulla

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 20/99

Date

954-584-1404

Daytime Phone #

CR2E034 (11/98)

02-90650